

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010890	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2014
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT LAPORTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ANDREW AVE LA PORTE, IN 46350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00151542.</p> <p>Complaint IN00151542 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 16 and 17, 2014</p> <p>Facility number: 010890 Provider number: 010890 AIM number: N/A</p> <p>Survey team: Yolanda Love, RN-TC</p> <p>Census bed type: Residential: 129 Total: 129</p> <p>Census payor type: Other: 129 Total: 129</p> <p>Sample: 3</p> <p>Brentwood at LaPorte was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00151542.</p> <p>Quality Review 07/18/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE